history. When intemperance was a symptom only, some other distinct influence was found to have existed, which was more likely to produce mental symptoms than alcohol itself—for instance, a blow on the head. When alcohol was a cause, habits of intemperance had preceded the appearance of the mental symptoms, which had only been developed gradually.

When the intemperance was a symptom, the mental aberration had preceded the abuse of alcoholic stimulants, and the mental symptoms were developed more suddenly. When alcohol was a cause, the mental symptoms were most frequently those of homicidal mania or suicidal melancholia, with acts of eccentricity. When intemperance was a symptom, the mental phenomena were those of melancholia of a subdued form or of delirium tremens. The writer had observed a transient attack of epilepsy on the admission of two cases where intemperance was only a symptom of insanity. This he had only seen in cases caused by intemperance, in the last stages of the disorder, and the epilepsy was then permanent and incurable. When intemperance was a cause, the delusions were of a disagreeable character, and were either those of suspicion or of grandeur. When intemperance was a symptom, the delusions were either of a quiet order, referring to persons other than the patient, or they partook of the peculiar nature of those accompanying delirium tremens. Acute cases of alcoholic insanity recovered ; but, if the intemperance had been a cause, the patient invariably took to drinking again as soon as he was at liberty, and died an early death, frequently from cirrhosis of the liver. On the other hand, when the intemperance was merely a symptom, the patient frequently remained sober after his discharge from the asylum, and was able to return to his duties of social life. Chronic cases of alcoholic insanity did not recover ; but, if the intemperance had been a cause, there was constant craving for drink, whether the patient remained in an asylum or was discharged. Such patients drifted rapidly into the abyss of chronic dementia. If, on the contrary, the intemperance had been merely a symptom, the patient was always contented with a moderate supply of stimulants ; his delusions and his mental condition remained stationary, but he did not become afflicted by dementia, even when advanced age came upon him.

Cases were read illustrating these points of distinction.

HEADACHE IN SCHOOL CHILDREN.—A recent writer, Dr. Treichler, states that about one-third of the pupils in school

suffer more or less from headache. It leads to poorness of blood, and loss of cheerfulness and mental energy. Its chief cause is, probably, overwork, and especially nocturnal study. The anatomical changes which accompany the more advanced stages of this habitual headache are, in the author's opinion: 1. Trophic changes in the ganglion cells of the brain cortex, caused by anæmia. An anæmic brain is much more easily exhausted by mental exertion than a normal one. 2. Passive dilatation of the cerebral blood-vessels and consequent stasis; the perivascular spaces round the capillaries become narrowed; the removal of waste products is thus hindered, and in this way, again, trophic disturbance is caused. Recent views, which regard progressive paralysis as commencing by vaso-motor trophic changes in the brain cortex, paretic dilatation of the vessels of the pia mater, and degeneration of the cortex through lymph-stasis, increase the significance and importance of the conditions believed by the author to be brought about by prolonged habitual headache in young people.

The following are some of the recently published articles on the pathology of the nervous system and mind:

GIBNEY, Cervical Pachymeningitis; the Detailed Histories of Three Cases Occurring in Children, *N. Y. Med. Record*, Sept. 25.—WRIGHT, Cerebral Trance, *Cin. Lancet and Clinic*, Sept. 11.—COLLINS, Asthma as a Reflex Phenomenon, *Rocky Mt. Med. Review*, Sept.—HUTCHINSON, A Report of Three Typical Cases of Neurasthenia, *N. Y. Med. Record*, Oct. 9.—CROTHERS, Clinical Studies of Inebriety; Permanence of Curability, *Med. and Surg. Rep.*, Oct. 2.—MASON, Lead-Poisoning in Frogs, *N. Y. Med. Jour.*, Oct.—FERNANDEZ, Paralysis of the Fourth and Sixth Pairs of Nerves from Cerebral Traumatism, *Riv. Med. Quirurg de Habana*, Sept.—GOMBAULT, Contribution to the Anatomical Study of Subacute and Chronic Parenchymatous Neuritis, *Arch. de Neurologie*, July, 1880.—MAGNAN, On the Coexistence of Deliriums of Different Nature, *Ibid.* BOURNEVILLE, Contribution to the Study of Idiocy, *Ibid.*—BUCKNELL, Puerperal Convulsions, *St. Louis Med. and Surg. Jour.*, Oct. 20.—BEARD, Inebriety and Allied Nervous Diseases in America, *Gaillard's Med. Jour.*, Oct.—LEPINE, On a Case of Paralysis of Motion and Sensibility in the Four Fingers, with Absolute Integrity of the Thumb. Contribution to Cerebral

Localizations, *Revue Mensuelle*, Oct. 10.—ARANGO, Considerations on Spiritualism, *Cronica Med. Quirurg de la Habana*, October.—WIGHT, How shall we Interpret the Deviation of the Head of the Incurable Epileptic? *Med. and Surg. Reporter*, Nov. 20.—LANDER-BRUNTON, Indigestion as a Cause of Nervous Depression, *Practitioner*, Nov.—BOSWORTH, Bilateral Paralysis of the Abductor Muscles of the Larynx, *N. Y. Med. Jour.*, Nov., 1880.—EVERTS, Diagnosis of Insanity, *Am. Pract.*, Nov.—PETRONE, Contribution on the Subacute Arthropathia Connected with Brain Lesions, *La Sperimentale*, Nov.—WOOD, Contribution to our Knowledge of Nervous Syphilis, *Am. Jour. Med. Sci.*, Oct.—GRAY, Diagnostic Significance of a Dilated and Mobile Pupil in Epilepsy, *Ibid.*—CORNWELL, A Case of Basedow's Disease Terminating in Total Loss of Sight from Inflammation of the Cornea, *Ibid.*—KIERNAN, Insanity, *Gaillard's Med. Jour.*, Nov.—ALVISI, The Speech in Insanity, *Rivista Clinica di Bologna*, Oct.

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c.—THERAPEUTICS OF THE NERVOUS SYSTEM AND MIND.

INFLUENCE OF BROMIDES ON THE CEREBRAL TEMPERATURE.—Prof. Edward Maragliano reports, *Rivista Clinica di Bologna*, Oct., the results of a series of ten experiments on the effect of bromide of potash on the cerebral (cranial) temperature, from which he draws the following conclusions:

1. Bromide of potassium in single doses of three to five grammes gives rise to an increase of cerebral temperature.

2. This increase averages about one degree Centigrade.

3. It commences to appear a few minutes after the taking of the drug, reaches its maximum at the end of one hour and a half to two hours and a half, and decreases at the end of another two or three hours.

4. Contemporaneously with this rise of cerebral temperature, occurs a very slight increase (two- or three-tenths of a degree) in the axilla.

These observations contradict the previously reported action of bromides, but they seem to have been carefully made and are deserving of attention, if for no other reason than that of the reputation and authority of their reporter.